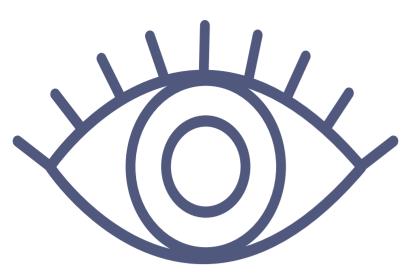


Department of Health Research Ministry of Health and Family Welfare, Government of India



Standard Treatment Workflow (STW) for the Management of **INTRAOCULAR TUBERCULOSIS**

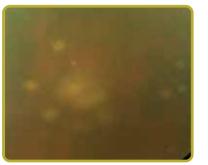


Granulomatous anterior uveitis





Intermeditate uveitis





ICD-10-A18.3

Refer to Ophthalmologist for When to suspect detailed examination **Ocular Symptoms** Eye Care facility should have: Mandatory: Slit lamp, ophthalmoscope Blurred vision (direct or indirect), intraocular Redness pressure assessment device Photophobia Preferred: Fundus camera, Fundus • Pain in the eye fluorescein angiongram(FFA), Optical

Coherence Tomography (OCT)

Floaters

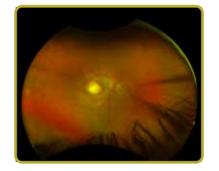
Flashes of lights

Examination of the eyes

Clinical signs

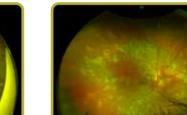
- Assess visual acuity
- · Anterior chamber cells, Keratic precipitates, Synechiae, Irregular pupil, RAPD
- · Complicated cataract, high or very low intraocular pressure
- Vitritis, Pars plana exudates, Retinal vasculitis, Retinitis, Choroiditis, Optic nerve head swelling

Panuveitis/Posterior uveitis



Retinal vasculitis

Choroiditis



Essential: CXR for healed/ active pulmonary TB

Desirable: Mantoux Test (standardised tuberculin units): l0 mm induration considered positive

Optional: CT Chest (if available) for healed/active pulmonary TB

INVESTIGATIONS

Imaging of eye: Ascertaining diagnosis, extent of disease & follow up, teleconsultation

Retinal Optical photographs coherence using fundus tomography scans (if camera available)

Fluorescein angiograms

Investigations to rule out other causes of clinical presentation

(if available)

MANAGEMENT

TREATMENT

- ATT: 2 months of RHEZ + 7 months of RH depending on clinical response & side effects to treatment
- Add pyridoxine 10 mg/day
- Corticosteroids : Topical steroids eye drops for severe/anterior chamber inflammation
- For treatment in children refer to paediatrician
- Systemic corticosteroids for severe inflammation in consultation with Uveitis expert

REFERRAL TO HIGHER CENTRE

- Not confident to treat
- Vision threatening
- Non-response to treatment
- Side effects due to treatment
- Atypical reaction

MONITORING AND FOLLOW UP

- Frequency of follow up: 1-2 weeks in 1st month followed by monthly for 3 months & then 3 monthly
- Eye: Clinical grading of inflammation using fundus photographs & OCT scans (if available)
- Steroids:
 - Topical: Monitor IOP, cataract and any signs of bacterial/ fungal infection
 - > Systemic steroids: Monitor body weight, blood sugar & blood pressure

ABBREVIATIONS		
ATT: Antitubercular treatment	IOP: Intraocular pressure	OCT: Optical coherence tomography
E: Ethambutol	R: Rifampicin	Z: Pyrazinamide
H: Isoniazid	RAPD: Relative Afferent Pupilary Defect	

REFERENCES

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This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.icmr.org.in) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.